Public Health & Medicine Summit
Building Bridges

PLEASE COMPLETE ONE FORM FOR EACH REGISTRANT

Name_____ Employer/Organization_____

Home Address_____ City_____ Zip_____

Business Address_____ City_____ Zip_____

Daytime Phone_____ E-mail_____

Occupation_____ Title_____ # of Years in this Field_____

PLEASE CHECK THE APPROPRIATE BOXES BELOW:

SUMMIT REGISTRATION:	Professional	Student
Tuesday June 3rd 12:00pm-4:00pm (Lunch not Provided)	$0 ☐	$0 ☐
Wednesday June 4th 8:00am-3:45pm (Includes Lunch)	$25 ☐	$15 ☐
Total		

Specific Dietary Needs:

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	Check the sessions you plan to attend.					
Tue. June 3rd 12p-4p Concurrent Workshops		Disease Investigation & Surveillance: ☐	Interviewing Skills for Sensitive Health Topics ☐	Tuberculosis ☐	Hepatitis A-E ☐	Leadership & Communication In Pressing Times ☐
Wed. June 4th 9:30a-10:45a Concurrent Session 1	Food Safety: Know your Role ☐	Refugee Health ☐	Tobacco ☐	Climate Change ☐	Immunizations ☐	Pediatric Obesity ☐
Wed. June 4th 11a-12:15p Concurrent Session 2	Tobacco ☐	Pediatric Obesity ☐	Communicable Disease Rule ☐	Antimicrobial Resistance ☐	Climate Change ☐	Immunizations ☐
Wed. June 4th 1:30p-2:45p Concurrent Session 3	Addressing Asthma in Indiana ☐	Food Safety: Know your Role ☐	Communicable Disease Rule ☐	Vector-Borne Diseases in Indiana ☐	Medical Error Reporting ☐	Antimicrobial Resistance ☐

Payment Method:
- ☐Visa
- ☐Master Card
- ☐Cash
- ☐Check
- *Make Checks Payable to "Indiana Public Health Association"

If paying by credit card, please indicate:
- Card #_____
- Cardholder Name:_____
- Expiration Date:_____
- Billing Address:_____
- _____

Mail Registrations to:
Indiana Public Health Association
3838 N. Rural St.
Indianapolis, IN 46205
Fax: 317-221-3006
Phone: 317-221-3005